

Foster Family Home - Corrective Action Report

Provider ID: 1-610495

Home Name: Michelle Sabangan, CNA

Review ID: 1-610495-5

91-1095 Hanaloa Street

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 1/28/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/28/2019 Corrective Action Report issued during home visit with all items due to CTA by 2/28/2019.

6.(d)(1) - see applicable sections of the review

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) - No record of fire drill conducted by CG#3 for 2017.

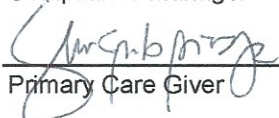
Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - MD orders for Pureed diet/thickened liquids: No record of RN delegations for caregiver training of special feeding needs for client #1.


Compliance Manager


Primary Care Giver

1/28/19
Date

1/28/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MICHELLE V. SABANGAN

CCFFH Address: 91-1045 Harolda St. Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(b)(6)	FIRE DRILL WAS DONE BY CMA3 FORM WAS PLACED INTO HOME BINDER.	1/01/19	HOME WILL SCHEDULE A FIRE DRILL TO BE CONDUCTED BY ALL CAREGIVERS EVERY MONTH. HOME WILL USE A CALENDAR AND PLACE IT TO THE DAILY BOARD TO BE CHECKED THE 1ST WEEK OF EVERY MONTH.
47.(e)	RN DELEGATION WAS DONE BY CLIENT #1 CMA FOR THE CAREGIVERS, AND IT WAS PLACED IN THE CLIENT'S RECORD.	1/29/19	HOME WILL NOTIFY CLIENT'S CMA IF THERE'S ANY CHANGES IN CLIENT'S SERVICE PLAN AND RN DELEGATION WILL BE DONE WITHIN 7 DAYS IF THERE'S NEW ADDED CAREGIVER IN THE HOME.

Primary Caregiver's Signature: _____

Print Name: _____

Date of Signature: _____

MICHELLE V. SABANGAN

2/6/19